

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

TAKEDA PHARMACEUTICALS U.S.A.,
INC.,

Plaintiff,

vs.

AMNEAL PHARMACEUTICALS, LLC,

Defendant.

C.A. No. 13-cv-1729-SLR

DECLARATION OF NIRAV GANDHI

I, Nirav Gandhi, declare as follows:

1. I am employed by Takeda Pharmaceuticals, U.S.A., Inc. (“Takeda”). I am the Senior Manger, Commercial and Managed Markets Reporting. I have been employed by Takeda for the past 11.5 years.

2. In my role at Takeda, I often review prescribing data associated with Takeda’s products. Two such sources of data I regularly review and have experience with are IMS Health (“IMS”) and Encuity Research (“Encuity”). In my experience, IMS and Encuity are the most well-known and relied upon sources of prescribing data in the pharmaceutical industry. During my tenure with Takeda, I have reviewed prescribing data from IMS and Encuity for a variety of products including Colcrys®.

3. I recently obtained historical and current prescribing data associated with Takeda’s Colcrys® product for the treatment of Familial Mediterranean Fever and the treatment and prevention of gout flares. Encuity’s data is known as “TreatmentAnswers™” and provides detailed information on a disease and drug level. This data source is also known in the industry as “PDDA” or “Physician Drug and Diagnosis Audit.” As described in Exhibit A to this declaration, Encuity’s TreatmentAnswers™ provides national-level disease state and associated therapy data. The data allows users an ability to customize and segment markets across a host of

physician and patient demographics. Encuity's TreatmentAnswers™ surveys more than 3,100 office-based physicians representing twenty eight specialties across the US. Physicians report on all patient activity during one typical workday each month and once collected, the drug and diagnosis information is projected by region and specialty to estimate national activity for a universe of more than 460,000 physicians.

4. I also obtained similar data from IMS which is known in the industry as "NDTI" or the National Disease and Therapeutic Index™. As described in Exhibit B to this declaration, NDTI is a monthly audit of office-based physicians that provides information regarding patterns and treatment of disease in the continental United States.

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I declare that the foregoing statements are true and accurate, and that this declaration is made under penalty of perjury under the laws of the State of Illinois and the United States.



Nirav Gandhi

Dated May 13, 2014

EXHIBIT A

AnswerSuite™



TreatmentAnswers™

Objectives

Introduced in 1990, Encuity's *TreatmentAnswers*™ audit provides national-level disease state and associated therapy data. This audit gives clients the ability to customize and segment markets across a host of physician and patient demographics. This audit is the premier drug and diagnosis audit in the pharmaceutical industry with nearly 80 pharmaceutical companies applying the data.

Methods

The *TreatmentAnswers* surveys more than 3,100 office-based physicians representing 28 specialties across the US. Physicians report on all patient activity during one typical workday each month. Once collected, the drug and diagnosis information is projected by region and specialty to estimate national activity for a universe of more than 460,000 physicians.

Specialties surveyed include:

Allergy	Gastroenterology	Nephrology	Otorhinolaryngology
Allergy/immunology	General/family practice	Neurology	Pediatrics
"All other" surgery	General surgery	Obstetrics/gynecology	Podiatry
Cardiology	Geriatric medicine	Oncology	Pulmonary disease
Dermatology	Hematology	Ophthalmology	Psychiatry
Emergency medicine	Infectious disease	Orthopedic surgery	Rheumatology
Endocrinology	Internal medicine	Osteopathic medicine	Urology

Key Measures

TreatmentAnswers provides clients with measures needed for quantitative drug and diagnosis analysis. This audit uses three main bases of data: drug occurrences, diagnosis visits, and drug uses. "Drug occurrences" are the number of projected times a product is mentioned. "Diagnosis visits" are the projected number of patient/physician contacts for a particular condition. "Drug uses" are the projected number of times a product has been used to treat a specific diagnosis.

This audit also allows clients to view drug occurrences, diagnosis visits, and drug uses across patient and physician demographics. Available physician demographics include specialty, region, years in practice, prescribing volume, and type of practice. Patient demographics include contact location, height, weight, age, gender, race, blood pressure, cholesterol levels (total, HDL, LDL, triglycerides), insurance type, and body mass index.

Capabilities

Long-Term Planning

- Provide market information to assist with research and development
- Trend historical data in key and unfamiliar markets

Current Market Research Information

- Reveal current diagnosis and product usage trends
- Track uses for products with multiple indications

Measure Promotional Effectiveness

- Examine patient drug request trends for all diagnoses
- Compare physician-reported desired actions for a product to promotional themes

Value-Added Services

Two important summary reports are available via the Encuity client site on March 31 of each year.

Specialty Profiles

- Review an annual summary of physician activity
- Examine and analyze differences in treatment patterns by diagnosis

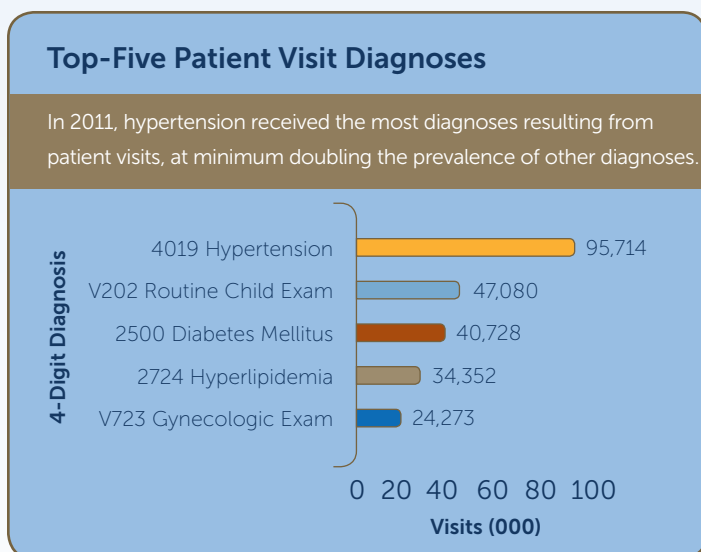
Informational Highlights

- Understand upper-level notable trends in the industry

Deliverables

Encuity delivers *TreatmentAnswers* data to clients monthly (30 days after the close of the reporting period) through its online *Answer Generator*™—the industry standard in data delivery tools offering clients unmatched report flexibility.

Examples



SOURCE: Encuity *TreatmentAnswers* Audit



SOURCE: Encuity *TreatmentAnswers* Audit

For more information, please contact your Encuity representative at 800.628.3186 or visit encuity.com.

Encuity Research is a subsidiary of Campbell Alliance dedicated to bringing biopharmaceutical clients answers that are credible, defensible, and measurable. We offer a breadth of custom qualitative, quantitative, and syndicated market research services with insights to help you make critical decisions without looking back. Learn more at encuity.com. Copyright ©2012. All Rights Reserved.



EXHIBIT B

NATIONAL DISEASE AND THERAPEUTIC INDEX

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AUDIT SPECIFICATIONS:**Service Objective:**

The National Disease and Therapeutic Index (NDTI) is a continuing compilation of statistical information about the patterns and treatment of disease encountered by office-based physicians in the continental United States.

Universe:

NDTI estimates in 2013 are based on a universe of 523,763 physicians.

Geography: NDTI panel physicians reside and practice within the continental U.S., regional map provided (figure 1).

Type of Practice: Panel members are office-based physicians in private practice.

Location of Practice: Panel physicians report all patient contacts on preassigned days regardless of where the contact was made; the physician's office, a hospital or nursing home, etc.

Specialties Covered: The NDTI sample is drawn from all primary specialties involved in direct patient care. (See Page 8 and 9 for the list of covered AMA primary specialties.)

Sample:

Size: A total of 1,380 physicians report per month, 4,140 physicians per quarter. The Quarterly Sample Design is found on Page 12.

Type of Sample: The sampling methodology employed is a two-stage stratified cluster, randomly drawn. In the first stage, physicians are sampled. Two workdays per month are subsampled from each doctor in the second stage.

Strata: The sample is selected by primary specialties and the 9 census divisions.

The Reporting Period: Each physician reports on all patient contacts during two consecutive workdays in each calendar quarter. Data is collected on at least 2,760 workdays each month and 8,280 workdays each quarter. Reporting days are randomly assigned to ensure that all workdays in a report period are covered. Saturdays, Sundays and holidays are assigned as reporting days to physicians who practice on those days.

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Data Collection:

Recruitment: Physicians are initially contacted via trained IMS telephone recruiters who specialize in enlisting physicians to participate in market research studies. Participants are guaranteed personal as well as patient anonymity. Participating physicians are given a choice to report information via Case Record Books or the Web.

Case Record Books: Each panel physician is mailed a case record book. General instructions, reporting dates and mailing information are shown on the cover. Detailed instructions for completing the source documents precede the first case record. An example of the case record form with the instructions can be found on Pages 5 and 6.

Web-based Reporting: Physicians who choose to report via the Web are e-mailed a Web Site address, user ID and password. Physicians are linked to a welcome screen which then guides them through the reporting process.

Visit Records: Physicians are instructed to report each patient contact during the two day reporting period. Every patient contact reported is considered a patient visit, regardless of the location. Each diagnosis reported for a patient visit generates a diagnosis visit. A single patient visit may generate several diagnosis visits.

Projection:

Projection Matrix: There are 4 regions and 148 primary specialties which form a region/specialty matrix. Collapsing logic is utilized to combine cells for projections when the sample does not support projecting a cell by itself.

Universe of Workdays: NDTI sample units are physician workday. Therefore, the universe of workdays must be estimated in order to project the data. The universe of physician workdays is calculated each month for each cell in the projection matrix. The source of this information is an independent telephone survey of over 1,951 physicians per month.

Projection Factors: Within each cell, the projection factor is derived by dividing the number of physician workdays in the universe by the number of sample workdays collected.

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**NDTI REGIONAL STRATA:
Region/Individual Region/State Breakout**

I. East

1. New England: (NE) Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut
2. Middle Atlantic: (MA) New York, Pennsylvania, New Jersey

II. Midwest

3. East North Central: (ENC) Wisconsin, Michigan, Illinois, Indiana, Ohio
4. West North Central: (WNC) North Dakota, Minnesota, South Dakota, Nebraska, Iowa, Kansas, Missouri

III. South

5. South Atlantic: (SA) West Virginia, Delaware, Maryland, Washington DC, Virginia, North Carolina, South Carolina, Georgia, Florida
6. East South Central: (ESC) Kentucky, Tennessee, Mississippi, Alabama
7. West South Central: (WSC) Oklahoma, Arkansas, Texas, Louisiana

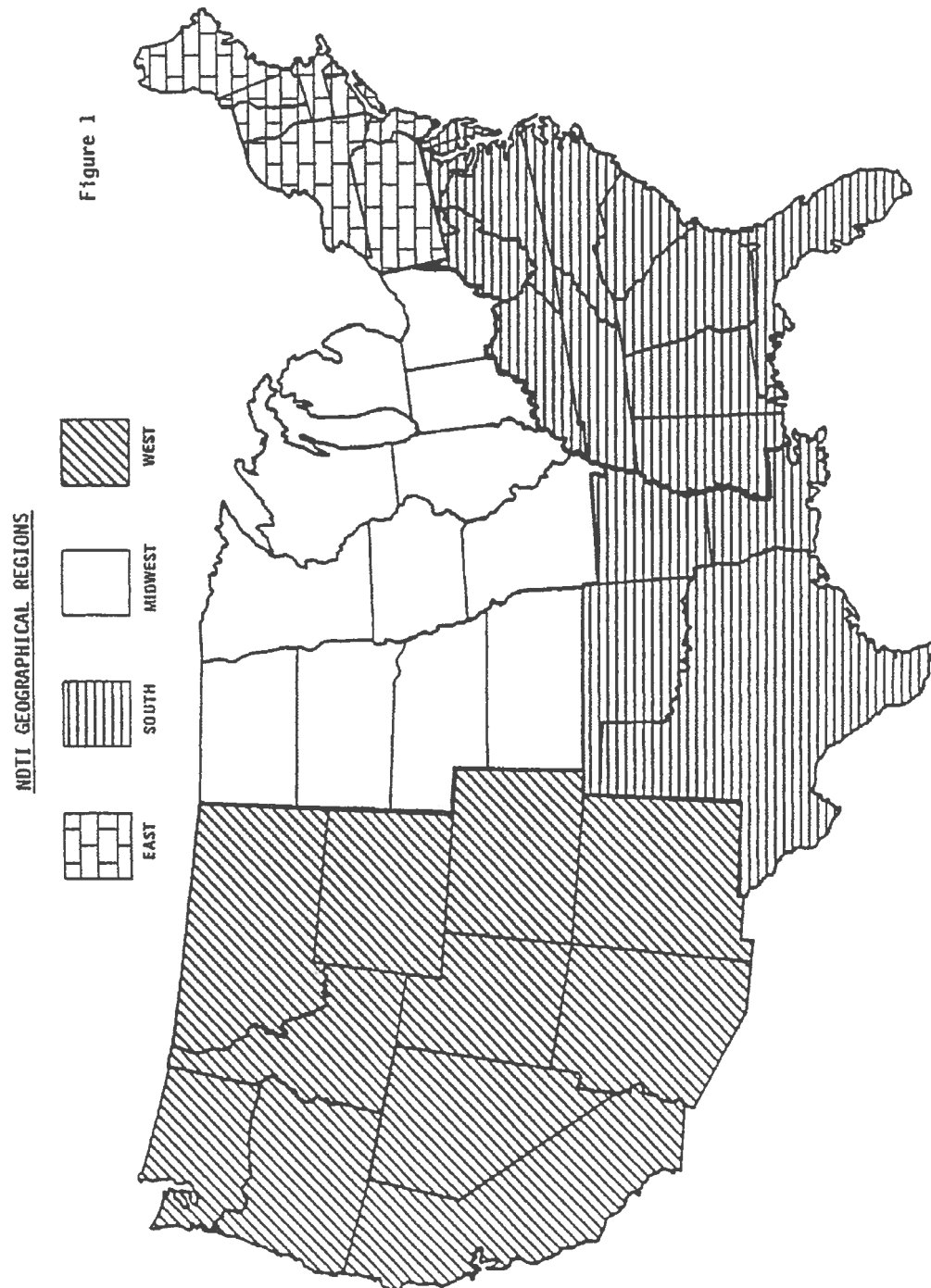
IV. West

8. Mountain: (MTN) Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, New Mexico
 9. Pacific: (PAC) Washington, Oregon, California
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INDIVIDUAL CASE RECORD - SAMPLE

(Figure 2)

DIAGNOSIS #1 (Describe diagnosis or reason for visit - DO NOT USE ICD-9 CODES) FOR THIS DIAGNOSIS ONLY 1) REFERRED BY OTHER PHYS - YES <input type="checkbox"/> NO <input type="checkbox"/> 4) SEVERITY OF CONDITION MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> 2) SEEN BEFORE - YES <input type="checkbox"/> NO <input type="checkbox"/> 5) SURGERY/PROCEDURE PERFORMED THIS VISIT? YES <input type="checkbox"/> NO <input type="checkbox"/> 3) IF YES, # TIMES IN LAST 12 MTHS _____ IF YES - SPECIFY _____ # DAYS SINCE LAST VISIT _____ 6) IS THIS A POST-OP VISIT? YES <input type="checkbox"/> NO <input type="checkbox"/> UNDERLYING CONDITIONS NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY _____ 1) _____		CONTACT MADE: IN OFFICE <input type="checkbox"/> HOUSE CALL <input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> BY PHONE <input type="checkbox"/> IN NURSING HOME <input type="checkbox"/> OTHER <input type="checkbox"/>		BLOOD PRESSURE: _____ / _____ NOT TAKEN <input type="checkbox"/> CHOLESTEROL LEVEL: TOTAL _____ HDL _____ LDL _____ TRIGLYCERIDES _____ NOT AVAILABLE <input type="checkbox"/>		TYPE OF INSURANCE COVERAGE (see instructions on Blue Pages) <input type="checkbox"/> HMO/PA - Capitation <input type="checkbox"/> HMO/PA - Fee for Service <input type="checkbox"/> PPO - Preferred Provider <input type="checkbox"/> 3rd Party (BCBS, Workman's Comp, Company Insurance, etc.) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/Waiver <input type="checkbox"/> Unknown/No Insurance Other (specify) _____			
DRUG THERAPY: (Record all Rx, OTC PRODUCTS, VACCINES and VITAMINS exactly as issued or recommended for this diagnosis)		RACE: WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		SMOKER: YES <input type="checkbox"/> NO <input type="checkbox"/>		AGE: _____ YRS IF INFANT _____ MOS	
FORM STRENGTH SIGNA DESIRED ACTION (Also Specify if Pre/Post Op Use)		THERAPY		DRUG REPLACEMENT		ISSUANCE			
#1 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT			
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA									
#2 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT			
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA									
#3 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT			
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA									

DIAGNOSIS #2 (Describe diagnosis or reason for visit - DO NOT USE ICD-9 CODES) FOR THIS DIAGNOSIS ONLY 1) REFERRED BY OTHER PHYS - YES <input type="checkbox"/> NO <input type="checkbox"/> 4) SEVERITY OF CONDITION MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> 2) SEEN BEFORE - YES <input type="checkbox"/> NO <input type="checkbox"/> 5) SURGERY/PROCEDURE PERFORMED THIS VISIT? YES <input type="checkbox"/> NO <input type="checkbox"/> 3) IF YES, # TIMES IN LAST 12 MTHS _____ IF YES - SPECIFY _____ # DAYS SINCE LAST VISIT _____							
DRUG THERAPY: (Record all Rx, OTC PRODUCTS, VACCINES and VITAMINS exactly as issued or recommended for this diagnosis)							
FORM STRENGTH SIGNA DESIRED ACTION (Also Specify if Pre/Post Op Use)		THERAPY		DRUG REPLACEMENT		ISSUANCE	
#1 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT	
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA							
#2 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT	
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA							
#3 <input type="checkbox"/> DAY <input type="checkbox"/> SUB <input type="checkbox"/> OTC <input type="checkbox"/> RX		_____ QUANTITY _____ _____ DAYS OF THERAPY _____ <input type="checkbox"/> STARTED THIS VISIT <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> PREVIOUSLY ORDERED AND CONTINUED <input type="checkbox"/> NO		<input type="checkbox"/> DRUG REPLACED? <input type="checkbox"/> YES - SPECIFY _____ <input type="checkbox"/> NO		<input type="checkbox"/> STOCK DISPENSED <input type="checkbox"/> STOCK SOLD TO PATIENT <input type="checkbox"/> GAVE SAMPLE <input type="checkbox"/> SIGNED / PHONED RX <input type="checkbox"/> REC'D TO PATIENT <input type="checkbox"/> HOSPITAL ORDER <input type="checkbox"/> NOT ISSUED THIS VISIT	
DRUG THERAPY INFLUENCED BY PATIENT'S INSURANCE FORMULARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA							

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**Instructions To The Physician Regarding The Completion of
The Case Record
(Figure 3)**

REPORTING INSTRUCTIONS

1 DIAGNOSIS

- Accuracy in reporting information is most important i.e. distinguish between Obesity of Endocrine Origin and other forms of Obesity
- Post-operative or post medical visits should be listed as such under **DIAGNOSIS** and include a brief description of treated condition
- In recording obstetrical cases please do not use the term **Delivery** except where delivery actually occurred on the visit you are reporting
- **REFERRED BY OTHER PHYSICIAN?** Check yes only if referred for this episode of this diagnosis
- **SEEN BEFORE?** Check yes only if you have seen the patient previously for this episode of this diagnosis
- **NUMBER OF TIMES SEEN?** Specify the number of visits for this diagnosis only in the last 12 months
- **NUMBER DAYS SINCE LAST VISIT?** Specify the number of days since last visit for this episode of this diagnosis
- **SEVERITY OF CONDITION-** Check mild moderate or severe for this episode of this diagnosis
- **SURGERY/PROCEDURE THIS VISIT** If you personally perform an operation or other procedure whether in your office the patient's home or the hospital **ON THE VISIT YOU REPORT** please specify the exact nature of the procedure on the line provided
- **IS VISIT POST-OP?** Check yes or no
- **UNDERLYING CONDITIONS** Indicate if any pre existing conditions not treated this visit exist If yes specify conditions

2 DRUG

- **DRUG THERAPY** Record all **PRESCRIPTION DRUGS OTC PRODUCTS VACCINES AND VITAMINS** exactly as recommended or written on a prescription or hospital order Include form and strength Specify if product was Rx or OTC version
- Include drugs started this visit and those previously ordered and continued for this diagnosis
- **DAW/SUB** Check **DISPENSE AS WRITTEN** or **SUBSTITUTION PERMITTED**
- **DRUG THERAPY INFLUENCE** Did the Patient's Insurance Company Formulary influence your choice of therapy? Check Yes No or Not Applicable (NA)
- **SIGNA** Use maintenance dosage only as opposed to the initial starter dosage
- **DESIRED ACTION** e.g. day or night sedation not just sedation Also specify use as pre-op or post op medication
- **THERAPY** Indicate **QUANTITY** and unit of measure e.g. 100 tabs or 150 mL
Record number of **DAYS OF THERAPY** for the prescription
-If **STARTED THIS VISIT** is checked please continue under **DRUG REPLACEMENT** with proper indication
If replaced indicate drug replaced

(continued)

• **ISSUANCE**

Stock Dispensed

Stock Sold to Patient

Gave Sample

Signed or Phoned Rx

Rec md to Patient

Hospital Order

Not Issued This Visit

Check the appropriate box or boxes which describes the administration of the drug to the patient. More than one box may be checked for a drug e.g. Gave Sample followed by an Rx or Recommendation
Any medication taken from your office supply including injectables not charged to patient (excludes samples from pharmaceutical manufacturers)
Any medication purchased by you and sold to the patient
Samples of drugs supplied by pharmaceutical manufacturers
A formal prescription signed by you or phoned into a pharmacy
Any drug recommendation not involving a signed prescription
All drugs given in the hospital
No formal prescription given no sample dispensed or no medication sold by you

3 PATIENT

- **CONTACT MADE**
- **INDICATE RACE SEX AND SMOKER**
- **BLOOD PRESSURE**
- **CHOLESTEROL LEVEL**
- **AGE**

Check where visit takes place

if taken this visit

most recent result available

Effective April 2003 Age data element modified to comply with HIPAA regulations

If 1-84 years please specify age, if less than one year or 85+ years check appropriate box

- **TYPE OF INSURANCE COVERAGE**

HMO/IPA-Capitation

HMO/IPA Fee for Service

PPO-Preferred Provider

3rd Party Insurance

Medicare

Medicaid/Welfare

Unknown/No Insurance

Check all that apply

Patient coverage is with any HMO/IPA organization i.e. company sponsored HMO sponsored by Blue Cross HMO sponsored by Medicare and physician receives per patient reimbursementPatient coverage is with any HMO/IPA organization i.e. company sponsored HMO sponsored by Blue Cross HMO sponsored by Medicare and physician receives per visit reimbursement

Patient belongs to an association of physicians or group practice providing discount rate healthcare

Patient is covered by Blue Cross/Blue Shield Workers Compensation any company insurance plans i.e. Cigna Travelers etc

Reimbursement from federal funds

Reimbursement from state funds

Patient pays for the visit and you do not know his reimbursement insurance company or patient has no insurance

(If patient pays and source of the reimbursement is known to you check appropriate source above instead of this response)

IF SECOND DIAGNOSIS FOR ANY PATIENT VISIT RECORD THIS INFORMATION ON REVERSE SIDE OF CASE RECORD FORM AS DIAGNOSIS #2

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TABLE 1
U.S. POPULATION
2010

Age	Total Population		Male	Female
	#(000)	%	#(000)	#(000)
Under 5	20,201	6.5%	10,319	9,882
5 - 9	20,349	6.6%	10,390	9,959
10 - 19	42,718	13.8%	21,884	20,834
20 - 29	42,688	13.8%	21,650	21,038
30 - 39	40,142	13.0%	20,039	20,103
40 - 49	43,600	14.1%	21,603	21,996
50 - 59	41,963	13.6%	20,457	21,506
60 - 64	16,818	5.4%	8,078	8,740
65 - 74	21,713	7.0%	10,097	11,617
75+	18,555	6.0%	7,266	11,288
	-----		-----	-----
TOTAL	308,746	100.0%	151,781	156,964
% of Total			49.2%	50.8%

Source: 2010 National Population Estimates – Characteristics National Sex & Age

www.census.gov/popest/national/asrh/NC-EST2004

* Total population may not sum to 100.0 due to rounding.

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TABLE 2A
UNIVERSE OF OFFICE-BASED PHYSICIANS 2013

COVERED IN NDTI	NO. OF PHYSICIANS	COVERED IN NDTI	NO. OF PHYSICIANS
ALLERGY	3,461	EMERGENCY MEDICINE	22,869
Allergy	402	Emergency Med/Family Med	16
Allergy & Immunology	2,942	Emergency Medical Services	1
Immunology	34	Emergency Medicine	21,944
Pediatric Allergy	83	Int Med/EM/Crit Care (Res)	3
		Internal Med/EM-Residency	50
ALL OTHER SURGERY	20,148	Med Toxicology-Preven. Med	20
Abdominal Surgery	58	Medical Toxicology-EM	101
Cardiothoracic Surgery	3,454	Medical Toxicology-Pediatrics	2
Congenital Cardiac Surgery	14	Ped/Emerg Med-Residency	17
Cosmetic Surgery	145	Pediatric Emergency Med, EM	122
Craniofacial Surgery	20	Pediatric Emergency Med, PED	593
Dermatologic Surgery	156		
Endovasc Surg Neurorad	4	ENDOCRINOLOGY	4,964
Facial Plastic Surgery	412	Diabetes	124
Hand Surgery	1,788	Endocrinology & Metabolism	4,147
Head & Neck Surgery	146	Pediatric Endocrinology Diabetes	693
Neurological Surgery	4,039		
Oral & Maxillofacial Surgery	385	FAMILY PRACTICE	67,761
Pediatric Cardiothoracic Surg	36	Adolescent Medicine, FP	6
Pediatric Surgery	614	Family Medicine	60,762
Pediatric Surgery-Neurology	24	Family Med/Preventative Med	8
Phlebology	128	Internal Med/FP-Residency	23
Plastic Surgery	5,744	Urgent Care Medicine	279
Plastic Surg. Within Head & Neck	5	PT OB/GYN	672
Plastic Surg in Hd & Neck (OTO)	2	PT Other	5,779
Plastic Surg in Head & Neck (PLS)	8	PT Surgery	232
Surgical Oncology	298	GASTROENTEROLOGY	11,464
Transplant Surgery	123	Gastroenterology	10,716
Trauma Surgery	160	Hepatology	73
Vascular Surgery	2,385	Pediatric Gastroenterology	632
		Pediatric Transplant Hepatology	3
CARDIOLOGY	21,899	Transplant Hepatology	40
Adv Heart Fail & Transpl Cardio	1	GENERAL PRACTICE	4,122
Cardiac Electrophysiology	1,300	General Practice	2,759
Cardiovascular Diseases	17,133	PT OB/GYN	63
Interventional Cardiology	1,970	PT Other	1,100
Pediatric Cardiology	1,473	PT Surgery	200
Vascular Medicine	22		
		GENERAL SURGERY	18,089
COLON & RECTAL SURGERY	1,313		
Colon & Rectal Surgery	1,312	GERIATRICS	2,951
Proctology	1	Geriatrics FP	529
		Geriatrics IM	2,422
DERMATOLOGY	9,438		
Dermatology	9,294	HEMATOLOGY	838
Internal Med/Dermatology (Res)	7		
Pediatric Dermatology	12	INTERNAL MEDICINE	83,338
Pediatrics Dermatology (Res)	3	Adolescent Medicine, IM	12
Procedural Dermatology	122	Infectious Diseases	4,546
		Internal Medicine	75,230

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TABLE 2A
UNIVERSE OF OFFICE-BASED PHYSICIANS 2013

COVERED IN NDTI	NO. OF PHYSICIANS	COVERED IN NDTI	NO. OF PHYSICIANS
Internal Medicine/Pediatrics	3,188	OSTEOPATHY	37,257
Pediatric Infectious Diseases	362	Emergency Medicine	3,041
		Obstetrics & Gynecology	2,071
NEPHROLOGY	7,120	Other Specialties	4,636
Nephrology	6,755	Pediatrics	1,973
Pediatric Nephrology	365	Primary Care	22,912
		Surgery	2,624
NEUROLOGY	9,780		
Child Neurology	807	OTOLARYNGOLOGY	7,743
Endovascular Surg Neuroradiology	24	Otolaryngology	7,455
Epilepsy	3	Otology - Neurotology	139
Internal Med/Neuro-Residency	6	Pediatric Otolaryngology	149
Neurodev Disabilities, Psy & Neu	12		
Neurology	8,726	PEDIATRICS	45,972
Neuromuscular Med(Neurology)	63	Adolescent Medicine	269
Psychiatry/Neuro-Residency	11	Child Abuse Pediatrics	8
Vascular Neurology	128	Developmental-Behavioral Peds	126
OBSTETRICS/GYNECOLOGY	33,144	Neonatal/Perinatal Medicine	2,886
Fem Pelvic Med & Rec Surgery (OBG)	10	Neurodev Disabilities, Pediatric	17
Gynecology	1,894	Pediatrics	42,666
Maternal & Fetal Medicine	379		
Obstetrics	140	PODIATRY	15,413
Obstetrics & Gynecology	30,189		
Reproductive Endocrinology	532	PSYCHIATRY	29,894
ONCOLOGY	13,737	Addiction Psychiatry	315
Gynecological Oncology	336	Child & Adolescent Psychiatry	5,620
Hematology-Oncology	4,851	Geriatric Psychiatry	649
Medical Oncology	3,228	IM/Psychiatry-Residency	48
Musculoskeletal Oncology	59	Neuropsychiatry	23
Pediatric Hematology-Oncology	1,206	Ped/Chld & Adol Psy-Residency	49
Pediatric Radiology	577	Psychiatry	23,014
Radiation Oncology	3,480	Psychiatry/FP-Residency	39
		Psychosomatic Medicine	137
OPHTHALMOLOGY	15,908		
Ophthalmic Plastic & Reconst Surg	20	PULMONARY DISEASES	4,501
Ophthalmology	15,713	Pediatric Pulmonary Dis.	514
Pediatric Ophthalmology	175	Pulmonary Diseases	3,987
ORTHOPEDIC SURGERY	18,372		
Adult Reconstructive Surgery	270	RHEUMATOLOGY	3,806
Orthopedic Sports Medicine	1,406	Pediatric Rheumatology	132
Orthopedic Surgery of Spine	620	Rheumatology	3,674
Orthopedic Surg, Foot & Ankle	114		
Orthopedic Surgery	15,573	UROLOGY	8,461
Orthopedic Surgery-Trauma	113	Pediatric Urology	209
Pediatric Orthopedics	276	Urology	8,252
TOTAL COVERED PHYSICIANS			523,763

Source: American Medical Association & American Osteopathic Association

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TABLE 2B

UNIVERSE OF OFFICE-BASED PHYSICIANS 2013

NOT COVERED IN NDTI

<u>NOT COVERED IN NDTI</u>	<u>NO. OF PHYSICIANS</u>
ADDICTION MEDICINE	133
AEROSPACE MEDICINE	103
ANESTHESIOLOGY/ PAIN MGMT	32,914
CLINICAL PHARMACOLOGY	37
CRITICAL CARE MEDICINE	7,785
DIAGNOSTIC LAB IMMUNOLOGY	22
GENERAL PREVENTIVE MEDICINE	1,303
HOSPICE & PALLIATIVE MED	272
LEGAL MEDICINE	21
MEDICAL MICROBIOLOGY	31
NUCLEAR MEDICINE	873
NUTRITION	57
OCCUPATIONAL MEDICINE	1,302
OSTEOPATHS	7,134
OTHER	5,196
PATHOLOGY	11,042
Pathology-Anatomic	467
Blood Bank/Transfusion Medicine	287
Clinical Pathology	135
Dermatopathology	540
Forensic Pathology	314
Pathology-Hematology	561
Mol Gen Pathology	34
Pathology-Neuropathology	172
Pathology-Chemical	10
Pathology-Cytopathology	654
Pediatric Pathology	97
Pathology-Anatomical/Clinical	7,457
Selective Pathology	314
PHYSICAL MEDICINE AND REHABILITATION	7,173
PSYCHOANALYSIS	277
PUBLIC HEALTH	117
RADIOLOGY	25,192
Abdominal Radiology	122
Cardiothoracic Radiology	17
Diagnostic Radiology	18,399
Nuclear Radiology	123
Neurology/Diagnostic & Neuro Rad	28
Radiation	2,624
Neuroradiology	2,035
Vascular & Interventional Radiology	1,844
RESIDENCY PROGRAMS	207
UNSPECIFIED	3,484
TOTAL NOT COVERED	=====
PHYSICIANS	104,675

Source: American Medical Association & American Osteopathic Association

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TABLE 3

NDTI UNIVERSE

BY GROUP SPECIALTY AND REGION

2013

<u>GROUP SPECIALTY</u>	<u>REGION</u>				<u>TOTAL</u>	<u>%</u>
	<u>EAST</u>	<u>MIDWEST</u>	<u>SOUTH</u>	<u>WEST</u>		
Allergy	795	728	1,222	716	3,461	0.7
All Other Surgery	4,200	3,961	7,343	4,644	20,148	3.8
Cardiology	5,418	4,534	7,951	3,996	21,899	4.2
Colon & Rectal Surgery	347	294	447	225	1,313	0.3
Dermatology	2,163	1,669	3,252	2,354	9,438	1.8
Emergency Medicine	3,912	4,669	8,015	6,273	22,869	4.4
Endocrinology	1,333	962	1,686	983	4,964	0.9
Family Practice	8,079	15,691	21,984	15,324	61,078	11.7
FP - Part Time	910	1,537	2,552	1,684	6,683	1.3
Gastroenterology	2,909	2,080	4,138	2,337	11,464	2.2
General Practice	289	445	1,182	843	2,759	0.5
GP - Part Time	189	234	563	377	1,363	0.3
General Surgery	3,590	3,729	6,712	4,058	18,089	3.5
Geriatrics	873	541	950	587	2,951	0.6
Hematology	271	136	246	185	838	0.2
Internal Medicine	20,921	16,381	27,403	18,633	83,338	15.9
Nephrology	1,561	1,361	2,747	1,451	7,120	1.4
Neurology	2,349	1,808	3,489	2,134	9,780	1.9
Ob/Gyn	6,843	6,424	12,407	7,470	33,144	6.3
Oncology	3,173	2,898	4,887	2,779	13,737	2.6
Ophthalmology	3,739	3,183	5,536	3,450	15,908	3.0
Orthopedic Surgery	3,698	3,760	6,599	4,315	18,372	3.5
Osteopathy	9,311	10,874	10,475	6,597	37,257	7.1
Otolaryngology	1,570	1,477	2,958	1,738	7,743	1.5
Pediatrics	10,635	8,540	16,430	10,367	45,972	8.8
Podiatrists	4,793	3,665	4,059	2,896	15,413	2.9
Psychiatry	8,754	5,070	8,940	7,130	29,894	5.7
Pulmonary Diseases	1,134	792	1,620	955	4,501	0.9
Rheumatology	949	750	1,286	821	3,806	0.7
Urology	1,904	1,686	3,155	1,716	8,461	1.6
Total Physicians	116,612	109,879	180,234	117,038	523,763	100

Source: American Medical Association & American Osteopathic Association

*Percent Totals may not sum to 100.00 due to rounding.

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TABLE 4

NDTI QUARTERLY SAMPLE DESIGN

2013

<u>GROUP SPECIALTY</u>	<u>REGION</u>				<u>U.S. Total</u>
	<u>East</u>	<u>Midwest</u>	<u>South</u>	<u>West</u>	
Allergy	34	32	53	31	150
All Other Surgery	29	27	50	32	138
Cardiology	42	36	62	31	171
Colon & Rectal Surgery	6	6	8	4	24
Dermatology	34	27	52	37	150
Emergency Medicine	15	18	32	25	90
Endocrinology	24	17	31	18	90
FP - Full Time	42	82	116	81	321
FP - Part Time	7	12	21	14	54
Gastroenterology	23	16	33	18	90
GP - Full Time	4	6	17	12	39
GP - Part Time	3	4	10	7	24
General Surgery	28	29	52	32	141
Geriatrics	16	10	17	11	54
Hematology	11	5	10	7	33
Internal Medicine	118	93	155	105	471
Nephrology	8	7	14	7	36
Neurology	50	39	75	46	210
Ob/Gyn	48	45	86	52	231
Oncology	35	32	53	30	150
Ophthalmology	25	21	36	23	105
Orthopedic Surgery	28	29	51	33	141
Osteopathy	53	62	60	38	213
Otolaryngology	18	17	35	20	90
Pediatrics	59	47	91	58	255
Podiatrists	45	34	38	27	144
Psychiatry	66	38	67	54	225
Pulmonary Diseases	27	19	39	23	108
Rheumatology	25	20	35	22	102
Urology	<u>20</u>	<u>18</u>	<u>34</u>	<u>18</u>	<u>90</u>
Total	943	848	1,433	916	4,140